

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28166

State File No.

FILED SEP 12 1941
Registration District No. 237

Primary Registration District No. 4144

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Center Twp.
(b) City or town Greenfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community fifteen years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Maria Duffy

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. 15, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Howard Co., Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business

MOTHER FATHER { 12. Name William Harper
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Carrie Laws
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature P. K. Duffy
(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof Aug. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vaughn Cemetery

18. (a) Signature of funeral director G. W. Ward
(b) Address Greenfield, Mo.

19. (a) Aug 14 - 41 (b) Geo. R. Wren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Greenfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from January 10, 1940 to Aug 1, 1941
that I last saw him alive on Aug 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral Duration Aug 1

Due to Arteriosclerosis General 1934

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. D. Shannon (S. D. or other) DO
Address Greenfield, Mo. Date signed Aug 9, 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 941-1466

Date Filed SEP 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.